

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027722

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 294

FILED JUL 29 1963

1. PLACE OF DEATH

a. COUNTY **Cole**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Jefferson City**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Mo. State Penitentiary**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Calif.** b. COUNTY **Unknown**

c. CITY
OR
TOWN **Coalinga**

Inside Limits
Yes ☐ No ☐

d. STREET
ADDRESS **Unknown**

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First **Sammy** Middle **Aire** Last **Tucker**

4. DATE
OF
DEATH **July 26, 1963**

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9/28/34

9. AGE (last birthday)
28

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
Farm Laborer & Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Henrietta, Okla.

12. CITIZEN OF WHAT COUNTRY
United States

13a. FATHER'S NAME

Wilch Tucker

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Reva Tucker

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
Yes 5/55 to 9/55

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mo. State Penitentiary

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

LEGAL EXECUTION

INTERVAL BETWEEN
ONSET AND DEATH
None

DUE TO (b)

Cyanide Gas

DUE TO (c)

Inhalation of Fumes

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

PART III. If deceased was female was
there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Dead on Viewing** to **7/26/63** and last saw her
him alive on **7/26/63**
Death occurred at **12:55 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE
(Degree or title)

22b. ADDRESS

**Mo. State Prison Hospital
Jefferson City, Mo.**

22c. DATE SIGNED
7/26/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Removal

23b. DATE
7-26-63

23c. NAME OF CEMETERY OR CREMATORY
West Lawn

23d. LOCATION (City, town, or county)
Henryretta, Okla.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Buchanan Funeral Home, Henryretta, Okla.

25. DATE RECD. BY LOCAL REG.
26 July 1963

26. REGISTRAR'S SIGNATURE

Thomas E. Richter

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Sideon N. Houser

Licensed Embalmer No.

4579

P. O. Address

Jefferson City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.